


# PAPERWORK REDUCTION ACT

## CHANGE WORKSHEET

<b>Agency/Subagency</b> Department of Education – FSA – Federal Student Aid		<b>OMB Control Number</b> 1845-0045 v. 42
Enter only items that change Current Record		
	NA	NA
<b>Agency form number(s)</b>		
<b>Annual reporting and record keeping hour burden</b>		
Number of respondents	5,000	12,000
Total annual responses	5,000	12,000
Percent of these responses collected electronically	100%	100%
Total annual hours	417	417
Difference		NA
Explanation of difference		
Program Change		NA
Adjustment		NA
<b>Annual reporting and record keeping cost burden (in thousands of dollars)</b>		
Total annualized capital/startup costs	NA	NA
Total annual costs (O&M)	NA	NA
Total annualized cost requested	NA	NA
Difference		NA
Explanation of difference		
Program Change		NA
Adjustment		NA
<b>Other change**</b> The survey is updated to add additional choices for the respondents based on feedback of the survey previously approved. This collection does not increase the burden on the general public, as prior OMB approval has been received under the master plan for customer satisfaction surveys. This survey falls under the master plan guidelines.		
Signature of Senior Officer or designee: 	Date: 3-3-09	For OIRA Use <hr/> <hr/>

**\*\*This form cannot be used to extend an expiration date**

**OMB 83-C**